

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</u></p> <p><u>303 MOLNAR DRIVE</u> <u>ELMWOOD PARK, NJ 07407</u></p>	<p>1c Effective date of plan <u>12/01/1948</u></p> <p>2b Employer Identification Number (EIN) <u>22-1461069</u></p> <p>2c Plan Sponsor's telephone number <u>201-867-3553</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	FILE WITH AUTHORIZED SIG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	FILE WITH AUTHORIZED SIG
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	556
	6a(2)	517
	6b	601
	6c	0
	6d	1118
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	49

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</p>	<p>D Employer Identification Number (EIN) 22-1461069</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
SUN LIFE AND HEALTH INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0893662	80926	025-4354-00	20	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 742	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
HUDSON VALLEY AGENCY **800 WESTCHESTER AVE SUITE S522**
RYE BROOK, NY 10573

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
742			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
 b Dental
 c Vision
 d Life insurance
e Temporary disability (accident and sickness)
 f Long-term disability
 g Supplemental unemployment
 h Prescription drug
i Stop loss (large deductible)
 j HMO contract
 k PPO contract
 l Indemnity contract
m Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3))		9a(4)
b Benefit charges (1) Claims paid	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2))		9b(3)
(4) Claims charged		9b(4)
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention		9c(1)(H)
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
(2) Claim reserves		9d(2)
(3) Other reserves		9d(3)
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4946
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	D Employer Identification Number (EIN) 22-1461069

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AMALGAMATED LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5501223	60216	26NJ07	1781	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	83164
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	D Employer Identification Number (EIN) 22-1461069	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

SEGAL SELECT INSURANCE SVCS

46-0619194

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

HORIZON HEALTHCARE SERVICES INC

22-0999690

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 12	PROVIDES SVC FOR REL EBP	333713	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ROBERT BLUMENFELD

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50 30	PLAN ADMINISTRATOR	250333	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BRIAN MCCLOSKEY

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	190653	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CHANGE HEALTHCARE SOLUTIONS LLC

20-5716594

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	21448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	124403	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 16 15	NONE	126921	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

IVAN DIAZ

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	107241	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DANIEL ECKERT

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105797	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EDWARD MICHELS

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93591	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JEANETTE BORRERO

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CARMEN HERNANDEZ

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MARIA ESCRIBANO

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74547	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DAVID W. NEW, PC

22-2553368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	71617	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DEBORAH NEGRON

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64562	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MARIA BETANCOURT

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61851	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

JACQUELINE CARLSON

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62238	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BEATRIZ DE JESUS

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DIANA ROMAN

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56430	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DANIEL BARRIENTOS

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54394	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DAISY SANTIAGO

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52146	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

JENDA TECHNOLOGY LLC

45-5401009

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	59542	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

COHEN, LEDER, MONTALBANO & CONNAUGH

41-2044610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 29	NONE	92448	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

DENISE ALLEN-PEREZ

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42089	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CHRISTINA MARTINEZ

22-1460169

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50690	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMY L COULOTE

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ISMAURY LOPEZ

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

ANTWANNA GODFREY

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48596	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WEAVER & TIDWELL LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	37625	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

CARISSA MARTINEZ

22-1461069

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44595	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

WEAVER C BARKSDALE AND ASSOC

62-1217255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 27	NONE	20011	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EXPRESS SCRIPTS INC

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50	NONE	93313	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MORGAN STANLEY WEALTH MANAGEMENT

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	13500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FAIR HEALTH INC

90-0524293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	12644	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMALGAMATED BANK OF NEW YORK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 27	NONE	5594	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	205	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name: <u>WEAVER AND TIDWELL</u>	b EIN: <u>75-0786316</u>
c Position: <u>ACCOUNTANT</u>	
d Address: <u>1 PENNSYLVANIA PLAZA NEW YORK, NY 10001</u>	e Telephone:

Explanation: THE FUND PUT OUT AN RFP FOR THE AUDIT THIS YEAR WHICH RESULTED IN A CHANGE OF AUDITORS.

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND	D Employer Identification Number (EIN) 22-1461069

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	950295	954774
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1102319	1153498
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	987290	1251712
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	437965	287730
(2) U.S. Government securities	1c(2)	9838980	8536190
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	1544812	
(B) All other	1c(3)(B)	3852651	3151523
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	3428380	3224506
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8958081	10193561
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	6961	1023587
f Total assets (add all amounts in lines 1a through 1e).....	1f	31107734	29777081
Liabilities			
g Benefit claims payable.....	1g	2531300	3066576
h Operating payables.....	1h	171152	156644
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2702452	3223220
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28405282	26553861

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	13346250	
(B) Participants.....	2a(1)(B)	1662421	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		15008671
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	8517	
(B) U.S. Government securities.....	2b(1)(B)	310398	
(C) Corporate debt instruments.....	2b(1)(C)	193663	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	203377	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		715955
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	117920	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		117920
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9596292	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	9622435	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-26143
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-709303	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1723027
c Other income	2c		2229000
d Total income. Add all income amounts in column (b) and enter total	2d		19059127

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	18107673	
(2) To insurance carriers for the provision of benefits	2e(2)	76335	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		18184008
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1146944	
(2) Contract administrator fees	2i(2)	786914	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	37625	
(5) Investment advisory and investment management fees	2i(5)	33511	
(6) Bank or trust company trustee/custodial fees	2i(6)	5594	
(7) Actuarial fees	2i(7)	124403	
(8) Legal fees	2i(8)	164065	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	8767	
(11) Other expenses	2i(11)	418717	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2726540
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20910548

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1851421
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BARATZ & ASSOCIATES, P.A.**

(2) EIN: **22-2212404**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**Trucking Employees of North Jersey
Welfare Fund, Inc.
Financial Statements
and
Supplementary Information
For the Years Ended
December 31, 2024 and 2023**

**Trucking Employees of North Jersey Welfare Fund, Inc.
Years Ended December 31, 2024 and 2023**

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Independent Auditors' Report

To the Board of Trustees
Trucking Employees of North Jersey
Welfare Fund, Inc.
Elmwood Park, NJ

Opinion on the 2024 Financial Statements

We have audited the financial statements of Trucking Employees of North Jersey Welfare Fund, Inc. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of benefit obligations as of December 31, 2024, and the related statement of changes in benefit obligations for the year then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, and the benefit obligations as of December 31, 2024, and the changes in benefit obligations for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditors' Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Trucking Employees of North Jersey Welfare Fund, Inc.'s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Trucking Employees of North Jersey Welfare Fund, Inc.'s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA - 2024

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

2023 Financial Statements

The 2023 financial statements of Trucking Employees of North Jersey Welfare Fund, Inc., as of and for the year ended December 31, 2023, were audited by other auditors whose report dated October 14, 2024, expressed an unmodified opinion on those statements.

Baratz & Associates, P.A.

Baratz & Associates, P.A.
Marlton, NJ

October 13, 2025

Trucking Employees of North New Jersey Welfare Fund
Statements of Net Assets Available for Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at Fair Value		
Corporate bonds and notes	\$ 3,151,523	\$ 5,397,463
US govt. treasury bonds	4,394,456	4,173,477
US agency backed bonds	4,141,734	5,665,503
Partnership	3,224,506	3,428,380
Mutual funds & Exchange Traded Fds	10,481,291	9,396,046
Total Investments	<u>25,393,510</u>	<u>28,060,869</u>
Receivables		
Employers' contribution	1,153,498	1,102,319
Due from affiliates, net	68,344	84,887
Prescription rebates receivable	710,926	340,738
Accrued interest receivable	108,387	119,573
	<u>2,041,155</u>	<u>1,647,517</u>
Other Assets		
Cash	954,774	950,295
Deposits	286,280	395,193
Prepaid expenses	77,775	46,899
Total Other Assets	<u>1,318,829</u>	<u>1,392,387</u>
Property and Equipment		
Furniture and equipment	1,068,822	303,580
Depreciation to date	(45,235)	(296,619)
Total Net Property and Equipment	<u>1,023,587</u>	<u>6,961</u>
Total Assets	<u>29,777,081</u>	<u>31,107,734</u>
Liabilities		
Accounts payable	<u>156,644</u>	<u>171,152</u>
Net Assets Available for Benefits	<u>\$ 29,620,437</u>	<u>\$ 30,936,582</u>

Trucking Employees of North New Jersey Welfare Fund
Statements of Changes in Net Assets Available For Benefits
Years Ended December 31, 2024 and 2023

	2024	2023
Additions to Net Assets		
Investment Income		
Net appreciation in fair value of investments and realized gains	\$ 999,254	\$ 765,377
Interest and dividends	822,202	1,002,424
	1,821,456	1,767,801
Less: Investment expenses	(39,105)	(44,361)
Total Investment Income	1,782,351	1,723,440
Contributions		
Employer contributions	13,346,250	13,256,019
Participant contributions (COBRA)	82,961	125,079
Self-pay contributions	1,214,714	1,325,188
Prescription	364,746	419,947
Total Contributions	15,008,671	15,126,233
Rebate Income	2,218,297	1,302,715
Other Income	10,703	32,102
Total Additions to Net Assets	19,020,022	18,184,490
Deductions From Net Assets		
Cost of Benefits		
Insured benefits	76,335	88,398
Self-funded benefits	17,572,397	14,677,164
Benefit administrative expenses	786,914	696,100
Total Cost of Benefits	18,435,646	15,461,662
Administrative Expenses	1,900,521	1,931,070
Total Deductions from Net Assets	20,336,167	17,392,732
Net (Decrease)/Increase in Net Assets	(1,316,145)	791,758
Net Assets Available for Benefits		
Beginning of Year	30,936,582	30,144,824
End of Year	\$ 29,620,437	\$ 30,936,582

Trucking Employees of North New Jersey Welfare Fund
Statements of Plan's Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to/or For Participants		
Claims payable	\$ 359,476	\$ 257,300
 Other Obligations for Current Benefit Coverage at Present Value of Estimated Amounts		
Claims incurred but not reported	<u>2,707,100</u>	<u>2,274,000</u>
Total Other Obligations for Current Benefit Coverage at Present Value of Estimated Amounts	<u>3,066,576</u>	<u>2,531,300</u>
 Post Employment Benefit Obligation		
Accumulated eligibility credits	2,225,300	2,542,400
Current retirees, beneficiaries and dependents	854,402	920,777
Other participants not fully eligible for benefits	35,795	43,293
Other participants fully eligible for benefits	<u>72,952</u>	<u>67,606</u>
Total postretirement benefit obligations	<u>3,188,449</u>	<u>3,574,076</u>
 Plan's Total Benefit Obligations at End of Year	 <u>\$ 6,255,025</u>	 <u>\$ 6,105,376</u>

Trucking Employees of North New Jersey Welfare Fund
Statements of Changes in Plan's Benefit Obligations
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to/or for Participants Beneficiaries and Dependents		
Balance at Beginning of Year	\$ 257,300	\$ 428,900
Claims reported and approved for payment	18,537,822	14,593,962
Claims paid	<u>(18,435,646)</u>	<u>(14,765,562)</u>
Balance at End of Year	<u>359,476</u>	<u>257,300</u>
Other Obligations for Current Benefit Coverage at Present Value of Estimated Amounts		
Balance at Beginning of Year	2,274,000	2,485,200
Net change during year attributed to:		
Benefits earned and other changes	<u>433,100</u>	<u>(211,200)</u>
Balance at End of Year	<u>2,707,100</u>	<u>2,274,000</u>
Total Benefit Obligation Other Than Post-Employment Benefit Obligations	<u>3,066,576</u>	<u>2,531,300</u>
Post Employment Benefit Obligations		
Balance at beginning of year	3,574,076	4,014,815
Net change during year attributed to:		
Change in eligibility credits	(317,100)	(412,200)
Benefits earned (charged) and other charges	(23,457)	(22,062)
Actuarial experience (loss)	-	(34,070)
Changes in actuarial assumptions	<u>(45,070)</u>	<u>27,593</u>
Balance at End of Year	<u>3,188,449</u>	<u>3,574,076</u>
Plan's Total Benefit Obligations	<u>\$ 6,255,025</u>	<u>\$ 6,105,376</u>

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

1. Purpose of the Organization

The Trucking Employees of North New Jersey Welfare Fund, Inc. (the Plan) was established as a multiemployer defined benefit plan as part of a collectively bargained agreement. The purpose of the Fund is to pay health and welfare benefits, funded through employer contributions, for eligible participants and their dependents.

2. Description of Plan

The following is a brief description of the Trucking Employees of North New Jersey Welfare Fund, Inc. and is provided for general information purposes only. Participants should refer to the Summary Plan Description for a complete description of the Plan's provisions.

General

The Plan is a multi-employer benefit plan that provides health and other welfare benefits (hospital, medical, prescription, life insurance, dental and optical) to eligible members of Teamsters, Chauffeurs, Warehousemen and Helpers of Local Union No. 560 (the Union), whose employers have entered into collective bargaining agreements with the Local. The Plan is administered by a Board of Trustees comprised of representatives of both labor and management.

Benefits

The Plan provides health benefits (medical, vision, hospital, dental, and prescription drugs), life insurance, accidental death and dismemberment benefits to all full-time participants of the Union. Participants are considered eligible for benefits if they are employed by an employer bound under a collective bargaining agreement with the Union requiring contributions to the Plan, at a rate approved by the Board of Trustees, and meet eligibility requirements approved by the Board of Trustees. The Plan provides hospital, medical, prescription, life insurance, dental and optical benefits. Life and accidental death and dismemberment benefits are provided through insurance contracts.

Insured Benefits

The Plan fully insures life insurance benefits. Premiums for these insurance programs are paid to the insurance company from the general assets of the Plan.

Self-insured Benefits

All other Plan benefits are self-insured. The claims for self-insured benefits (other than short-term disability) are processed internally by the Fund's staff and paid under administrative services only (ASO) arrangements. The Plan remits funds to the individual medical service providers, who then pay claims directly to or on behalf of participants. Despite the Plan's utilization of third-party providers, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan utilizes a pharmacy benefit manager (PBM) which periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

Insurance Premiums

The Plan pays insurance premiums to certain insurance carriers for the Plan's fully insured arrangements under the Plan.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

2. Description of Plan (continued)

Contribution

The collective bargaining agreements entered into between the Union and employers require payments to be made to the Plan in accordance with the agreements. Contribution rates are set by the Board of Trustees after being evaluated and discussed with various consulting professionals.

3. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and provisions related to Financial Accounting Standards Board Accounting Standards Codification Topic ASC 965 accounting for health and welfare plans.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Benefits Paid

Claims paid by the Plan during the year are recorded as claims payments in the accompanying Statement of Changes in Net Assets Available for Benefits on a cash basis.

Claims payments processed by claims processors or pharmacy benefit managers are recorded as paid when the Plan reimburses the service provider. Amounts due to claims processors or pharmacy benefit managers for services performed in the year, that have not been reimbursed by the Plan are recorded in the Statement of Plan Benefit Obligations.

Claims Incurred but not reported

Plan obligations on December 31, 2024 and 2023, for health claims incurred by active participants but not reported at that date are estimated by the Plan's actuary in accordance with accepted actuarial principles.

Property and Equipment

Property and equipment are stated at cost when purchased. Depreciation is computed utilizing the straight-line method over the estimated useful life of five years for furniture and equipment, three years for computers and office equipment, and the life of the lease plus expected renewals for leasehold improvements. The cost of repairs and maintenance are charged to expense when incurred. Depreciation expense for the years ended December 31, 2024 and 2023 was \$15,212 and \$3,469.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

3. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded at the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Accumulated Eligibility Credits

The Plan's obligations at December 31 for accumulated eligibility credits are estimated by the plan's actuary in accordance with accepted actuarial principles. Such estimates are reported in the accompanying statements of plan's benefit obligations.

COBRA

The Plan provides continued medical coverage to eligible participants and their dependents under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA coverage is available to participants who experience a qualifying event resulting in the loss of group health coverage, such as termination of employment or reduction in hours worked.

Payment of Benefits

Premiums and claims paid by the Plan are recorded as deductions from net assets in the accompanying statement of changes in net assets available for benefits.

Claim payments processed by claims processors are recorded as paid when the Plan reimburses the service provider. Amounts due to claims processors that have not yet been reimbursed by the Plan are recorded in the Statement of Plan Benefit Obligations.

Employer contributions

The employer contributions shall be made in accordance with the collective bargaining agreement or participation agreements or amendments thereto by and between the union and the employer. These contributions are recognized as an addition to net assets in the month they become due.

The employees, retirees, and or participants are not required to contribute to the Plan but may contribute specified amounts determined periodically.

Employers' contributions receivable represents amounts due as of December 31, 2024 and 2023 under the terms of the collective bargaining agreement in effect. The allowance for credit losses is based on management's evaluation of outstanding contributions receivable at the end of the year.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

3. Summary of Significant Accounting Policies (continued)

Concentrations

The Plan maintains cash in demand deposit accounts with federally insured banks. At times the balances may be greater than the insured limits. The investments of the Plan are held in bank administered trust accounts. The following investments represented greater than 10% of the total assets of the plan:

	<u>2024</u>	<u>2023</u>
BOYD WATTERSON GSA FD LP	\$ 3,224,506	\$ 3,428,380
INVESCO S&P 500 EQUAL WEIGHT	\$ 5,699,881	\$ 5,565,607
ISHARES RUSSELL 1000 GROWTH	\$ 4,493,680	\$ 3,392,474

Contributions from three employers in 2024 and two employers in 2023 accounted for 54% and 45%, respectively, of the employer contributions included on the statement of changes in net assets available for benefits. Two employers accounted for 40% and 45% of the employer contributions receivable included in the statement of net assets available for benefits. The Plan believes that the loss of these employers may have a negative impact on the Plan.

Rebates and Refunds

Rebates and refunds due from the Plan's third-party claim processor are recorded when received. Pharmacy rebates totaling \$2,218,297 and \$1,302,714 have been reported as an addition to net assets in the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2024 and 2023, respectively.

Allowance for Credit Losses

When the Fund records employer receivables arising from revenue transactions, the Fund records an allowance for credit losses for the current expected credit losses (CECL) inherent in the asset over its expected life. The allowance for credit losses is a valuation account deducted from the amortized cost basis of the assets to present their net carrying value at the amount expected to be collected. Each period the allowance for credit losses is adjusted through earnings to reflect expected credit losses over the remaining lives of the assets.

Current and long-term receivables

	<u>2024</u>	<u>2023</u>
Employer Contributions Receivable	\$ 1,153,498	\$ 1,102,319
Drug Rebates Receivable	710,926	340,738
Accrued Income Receivable	108,387	119,573
Due From Related Parties	68,344	84,887
Allowance for Credit Losses	-	-
Total Receivable	<u>\$ 2,041,155</u>	<u>\$ 1,647,517</u>

Date of Management Review

Subsequent events were evaluated through October 13, 2025 which is the date the financial statements were available to be issued.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

3. Summary of Significant Accounting Policies (continued)

Reclassification

Certain 2023 amounts have been reclassified to conform with the 2024 financial statement presentation.

4. Post Retirement Benefits

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31. Postretirement benefits include future benefits expected to be paid to or for: (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service with the participating employer. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

In December 2004, the Plan was amended to eliminate benefits to retired participants, except for life insurance. Eligible retired participants can elect to pay contributions to continue to have their benefits provided. The postretirement benefit obligation of the Plan only relates to life insurance benefits provided to retired participants.

The following were other significant assumptions used in the valuations as of December 31, 2024:

Actuarial cost method – Projected Unit Credit Method

Discount rate – 5.25% (previously 4.75%)

Mortality – Pri-2012 Blue Collar Annuitant Headcount-weighted Mortality Table with generational projection using Scale MP-2021 to the ages of participants as of the census date reasonably reflect the mortality experience of the Plan as of the measurement date.

Disabled – Pri-2012 Disabled Retiree Headcount-weighted Mortality Table with generational projection using Scale MP-2021 to the ages of participants as of the census date reasonably reflect the mortality experience of the Plan as of the measurement date.

Administrative expenses – An administrative expense load of 10% was applied in developing the benefit obligations.

5. Claims Incurred but not Reported

Plan obligations December 31, 2024 and 2023 for claims incurred but not reported are estimated by the Plan's actuary in accordance with accepted actuarial principles. These amounts are paid by the Plan only if actual claims are submitted to the Plan and approved for payment. For the years ended December 31, 2024 and 2023, the IBNR totaling \$2,707,100 and \$2,274,000, respectively.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

6. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The three levels of the fair value hierarchy are described as follows:

Level 1	Inputs to the valuation methodology are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan can access at the measurement date.
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Level 2	<p>Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:</p> <ul style="list-style-type: none">a. Quoted prices for similar assets or liabilities in active marketsb. Quoted prices for identical or similar assets or liabilities in inactive marketsc. Inputs other than quoted prices that are observable for the asset or liabilityd. Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
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Level 3	Inputs that are unobservable inputs for the asset or liability.
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Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Registered investment companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Short term investments: Held primarily in short-term money market funds, which are valued at cost plus accrued interest.

U.S. government and asset-backed securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

6. Fair Value Measurements (continued)

Limited partnerships: Valued at the NAV of units of the ownership units. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023:

Fair Value Measurements at 2024 Reporting Date Using:

	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Unobservable Inputs (Level III)
Corporate Bonds	\$ 3,151,523	\$ -	\$ 3,151,523	\$ -
Mutual Funds	10,481,291	10,481,291	-	-
U.S. Govt Treasury Bonds	4,394,456	-	4,394,456	-
U.S. Agency Asset Backed Bonds	4,141,734	-	4,141,734	-
	<u>\$ 22,169,004</u>	<u>\$ 10,481,291</u>	<u>\$ 11,687,713</u>	<u>\$ -</u>
Investments at Net Asset Value(a)	3,224,506			
Total Investments	<u>\$ 25,393,510</u>			

Fair Value Measurements at 2023 Reporting Date Using:

	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level I)	Significant Other Observable Inputs (Level II)	Unobservable Inputs (Level III)
Corporate bonds	\$ 5,397,463	\$ -	\$ 5,397,463	\$ -
Mutual Funds	9,396,046	9,396,046	-	-
US Govt Treasuries and Bonds	4,173,477	-	4,173,477	-
US Agency Asset Backed Bonds	5,665,503	-	5,665,503	-
Total Portfolio	<u>\$ 24,632,489</u>	<u>\$ 9,396,046</u>	<u>\$ 15,236,443</u>	<u>\$ -</u>
Investment at Net Asset Value (a)	3,428,380			
Total Investments	<u>\$ 28,060,869</u>			

- a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

6. Fair Value Measurements (continued)

December 31, 2024

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Boyd Watterson GSA FD	\$3,224,506	-	Quarterly	60 Days Prior to the Quarter End in increments of \$250,000

December 31, 2023

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Boyd Watterson GSA FD	\$3,428,380	-	Quarterly	60 Days Prior to the Quarter End in increments of \$250,000

Investment Objectives

Boyd Watterson GSA Fund

The Fund seeks to acquire, develop, own, and operate a diversified portfolio of real estate investments in commercial property. The Fund intends to primarily invest in real estate primarily leased to U.S federal government either through the General Services Administration (“GSA”) or other federal government agencies.

7. Investments

During 2024 and 2023, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by \$999,254 and \$765,377, respectively.

8. Administrative Expenses

The Plan pays administrative expenses that consist primarily of administrative fees paid to non-medical service providers and office expenses needed to run the Fund. All expenses are paid by the Plan. These expenses are reported on the statement of changes in net assets available for benefits as administrative expenses.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the statement of net assets available for benefits.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

9. Risks and Uncertainties (Continued)

The actuarial calculation of claims incurred but not reported is based on assumptions pertaining to prior financial information and/or medical claims paid reports supplied previously by the providers. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

10. Pension Plan

The Plan contributes to the Trucking Employees of North Jersey Pension Fund. Contributions to the Pension Fund amounted to \$120,693 and \$124,392 for the years ended December 31, 2024 and 2023.

Pertinent information is provided below:

Pension Fund	EIN /Pension Plan No.	Pension Protection Act Zone Status	FIP/RP Status Pending/Implemented	Company Contribution	Employer Contribution is Greater than 5% of Total Contributions	Surcharge Imposed
TENJ Pension	22-063702-001	Critical	Yes	\$120,693	No	Yes

11. Related Party and Party-in-Interest Transactions

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA.

The Plan operates in a jointly administered office with other related benefit plans which are sponsored by the Union and Employer Association. Certain administrative expenses, including, but not limited to, employee wages, employee benefits and rent, that are common among the plans, are paid directly by the Plan, and are then allocated among the plans based on an allocation study performed by an independent consultant and are periodically updated. The Plan's share of the common expenses was \$1,561,230 and \$1,605,280 for allocated expenses for the years ended December 31, 2024 and 2023.

The Plan leased space in a building owned by the Union until December 31, 2023. After the lease expired and was not renewed, the Plan continued to pay a fixed rent on a month-to-month basis until March 2024. On May 1, 2024 the Plan entered into a new operating lease for space in a different building, with the lease term running through April 30, 2027. During construction of the new office from March to October 2024, the Plan temporarily relocated to another floor within the building. The Plan paid a discounted rental rate for March and April of 2024 due to ongoing renovations. For the years ended December 31, 2024 and 2023, the Plan's rental expenses were \$36,054 and \$89,861, respectively. Rent expense is subject to the allocation formula and is charged out to the related plans.

12. Tax Status

The Internal Revenue Service has determined and informed the Fund that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The letter dated September 5, 1989, states that the Fund is exempt from Federal income tax under section 501(a). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

12. Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax provisions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision of liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state, or local tax authorities for years before 2022.

13. Property and Equipment

Property and equipment at December 31, 2024 and 2023 consist of the following:

		2024		2023
Leasehold improvements	\$	1,001,320	\$	44,272
Furniture and fixtures		44,565		24,874
Computer and office equipment		22,937		234,434
		1,068,822		303,580
Less accumulated depreciation		(45,235)		(296,619)
Property and equipment, net	\$	1,023,587	\$	6,961

14. Lease

The Plan previously leased space in a building previously owned by the Union through April 2024, pursuant to an operating lease which expired on May 31, 2021. The lease was not renewed and the Plan is paying fixed rent on a month-by-month basis.

The Fund signed a lease for new office space under a long-term operating lease arrangement in the Union's new building for a period of three years from May 2024 through April 2027. The annual operating lease payment for office is \$95,838 per year plus a pro rata share of utilities. Rent expense and utility costs are allocated amongst the funds. During the years ended December 31, 2024 and 2023 rental expenses were \$31,785 and \$82,215, respectively.

The following is the schedule of future minimum rental payments and reconciliation to the statement of net assets available for benefits at December 31, 2024:

Year	Minimum Rental payments
2025	95,838
2026	95,838
2027	31,946
2028	-
2029	-

Trucking Employees of North Jersey Welfare Fund, Inc.
Notes to Financial Statements
December 31, 2024 and 2023

15. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements to the Form 5500:

	2024	2023
Net Assets Available for Benefits as reported on the Financial Statements	\$29,620,437	\$30,936,582
Less: Benefit Obligations Currently Payable	(3,066,576)	(2,531,300)
Net Assets Available for Benefits as Reported on Form 5500	\$26,553,861	\$28,405,282

The following is a reconciliation of total additions and deductions as reported on the financial statements for the year ended December 31, 2024 and 2023 to the balances as reported on the Form 5500:

	2024	2023
Total Additions as reported on the Financial Statements	\$19,020,022	\$18,184,490
Add: Investment Expenses	39,105	44,361
Total Additions as Reported on the Form 5500	\$19,059,127	\$18,228,851
	2024	2023
Total Deductions as reported on the Financial Statements	\$20,336,167	\$17,392,732
Add: Benefit Obligations Payable - Current year	3,066,576	2,531,300
Investment Expenses	39,105	44,361
Less: Benefit Obligations Payable – Prior year	(2,531,300)	(2,914,100)
Total Deductions as Reported on the Form 5500	\$20,910,548	\$17,054,293

16. Plan Termination

It is the intent of the trustees to continue the Fund in full force and effect. However, should contributions to the Fund cease the Plan Sponsor has the right under the Plan to modify the benefits provided to, and contributions required of, participants to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, the remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Plan Sponsor or be used for purposes other than for the exclusive benefit of the Plan's participants.

Supplementary Information

Trucking Employees of North New Jersey Welfare Fund
EIN 22-1461069 Plan 501
Schedule H, line 4i
Schedule of Assets (held at End of Year)

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	U.S AGENCY ASSET BACKED BONDS	AMER AIRLINE 3.2% 12/15/2029	251,800	237,798
	U.S AGENCY ASSET BACKED BONDS	FRESB MULTIFAMILY MTG CMO 2.93% 07/25/27	232,671	221,712
	U.S AGENCY ASSET BACKED BONDS	RELIANCE INDUSTRIES LTD 2.06% 01/15/2026	36,750	36,213
	U.S AGENCY ASSET BACKED BONDS	CARVANA AUTO RECEB TR 0.7% 01/10/2028	14,316	13,922
	U.S AGENCY ASSET BACKED BONDS	FHLMC GLD PL #C91810 3.5% 02/01/2035	269,021	246,259
	U.S AGENCY ASSET BACKED BONDS	FHLMC GLD PL #G08788 3.5% 11/01/2047	145,644	129,621
	U.S AGENCY ASSET BACKED BONDS	FHLMC GLD PL #Q37992.4% 12/01/2045	247,035	210,494
	U.S AGENCY ASSET BACKED BONDS	FHLMC GLD PL #G30606 3.5% 09/01/2032	64,357	59,708
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # QB-9065 2.5% 02/01/2051	157,265	124,517
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # QC-1946 2.5% 05/01/2051	117,729	93,699
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # SB-0366 3.5% 02/01/2034	144,438	128,170
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # QC-8887 3.00% 10/01/2051	94,603	77,146
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # QC-8888 3.00% 10/01/2051	91,983	75,131
	U.S AGENCY ASSET BACKED BONDS	FHLMC POOL # QE-4038 3.00% 06/01/2052	42,347	37,982
	U.S AGENCY ASSET BACKED BONDS	FNMA REMIC 2011-11 ME CMO 4% 11/25/41	63,894	55,458
	U.S AGENCY ASSET BACKED BONDS	FNMA PL #AC1600 4.5% 08/01/2029	51,155	47,768
	U.S AGENCY ASSET BACKED BONDS	FNMA PL #AJ9329 4.00% 01/01/2042	97,190	87,388
	U.S AGENCY ASSET BACKED BONDS	FNMA PL #BQ0538 2.5% 09/01/50	144,100	111,985
	U.S AGENCY ASSET BACKED BONDS	FNMA POOL # FM6042 2.5% 01/01/2051	215,818	170,771
	U.S AGENCY ASSET BACKED BONDS	FNMA POOL # FM6101 2.5% 02/01/2051	134,123	106,020
	U.S AGENCY ASSET BACKED BONDS	FNMA POOL #FM4317 3.00% 09/01/2050	129,443	106,413
	U.S AGENCY ASSET BACKED BONDS	FNMA POOL #MA4653 3.00% 07/01/2052	171,359	153,645
	U.S AGENCY ASSET BACKED BONDS	FNMA 0.875% 08/05/30(0.875% 08/05/30)	268,560	222,942
	U.S AGENCY ASSET BACKED BONDS	TENNESSEE VALLEY AUTH 1.5%(1.5%)	100,982	82,620
	U.S AGENCY ASSET BACKED BONDS	FHLMC UMBS POOL #QG-6305 4.5%(4.5%)	334,340	326,019
	U.S AGENCY ASSET BACKED BONDS	FHLMC UMBS POOL#QH-1419 5.00%(5.00%)	274,029	283,087
	U.S AGENCY ASSET BACKED BONDS	FNMA UMBS POOL #BV0983 4.00%(4.00%)	404,835	384,261
	U.S AGENCY ASSET BACKED BONDS	FNMA UMBS POOL #BW1373 4.00%(4.00%)	323,350	310,983
	TOTAL FOR U.S AGENCY ASSET BACKED BOND		4,623,137	4,141,734
	CORPORATE BONDS	AMGEN INC SR NT 5.25% 03/02/2033	49,843	49,631
	CORPORATE BONDS	AON CORP 8.205% 01/01/2027	164,688	131,300
	CORPORATE BONDS	ASCENSION HEALTH 3.106% 11/15/2039	125,835	90,832
	CORPORATE BONDS	AT&T INC 3.3% 02/01/52	93,948	82,990
	CORPORATE BONDS	BANK OF AMERICA CORP 2.8% 05/04/2026	133,619	114,524
	CORPORATE BONDS	BANK OF NY MELLON CORP 2.8% 05/04/2026	199,290	195,636
	CORPORATE BONDS	BANKER HEALTH 3.181% 01/01/50	103,037	66,995
	CORPORATE BONDS	COMCAST CORP 3.4 % 07/15/2046	64,432	45,642
	CORPORATE BONDS	DUKE ENERGY CORP NEW 5.75% 09/15/2033	82,484	82,020
	CORPORATE BONDS	ELI LILLY & CO SR NT 4.7% 02/27/2033	72,488	73,508
	CORPORATE BONDS	GILEAD SCIENCE INC 5.25% 10/15/2033	94,846	95,347
	CORPORATE BONDS	GOLDMAN SACHS GRUP INC 6.25% 02/01/41	92,207	89,477
	CORPORATE BONDS	KIMBERLY-CLARK CORP 2.75% 02/15/2026	154,423	152,013
	CORPORATE BONDS	MOTOROLA SOLUTIONS INC 5.4% 04/15/2034	80,342	80,033
	CORPORATE BONDS	MPLX LP 4.8% 02/15/2029	237,112	198,252
	CORPORATE BONDS	NORTHROP GRUMMAN CORP 4.9% 06/01/2034	78,866	78,021
	CORPORATE BONDS	NORTHWESTERN MEM 2.633% 07/15/2051	70,000	42,878
	CORPORATE BONDS	OMNICOM GROUP INC 3.6% 04/15/2026	189,823	187,344
	CORPORATE BONDS	PEPSICO INC 3.45% 10/06/2046	214,242	158,535
	CORPORATE BONDS	PUBLIC SERVICE COLORADO 3.55% 06/15/2046	197,920	141,058
	CORPORATE BONDS	SABINE PASS LIQUEFACTION 5.625% 03/01/25	18,696	16,006
	CORPORATE BONDS	T-MOBILE USA INC 4.75% 02/01/2028	150,024	149,064
	CORPORATE BONDS	WALMART INC SR NT 4.15% 09/09/2032	189,474	182,964
	CORPORATE BONDS	CITIGROUP INC FLTG 03/31/2031	196,194	153,787
	CORPORATE BONDS	GOLDMAN SACHS GROUP VAR 10/24/2034(10/24/2034)	81,389	80,620
	CORPORATE BONDS	JP MORGAN CHASE & CO FLTG 05/06/2030(05/06/2030)	157,780	127,838
	CORPORATE BONDS	JPMORGAN CHASE & CO SR NT VAR	97,901	85,474
	CORPORATE BONDS	WELLS FARGO & CO VAR 07/25/2034(07/25/2034)	194,190	199,734
	TOTAL FOR CORPORATE BONDS		3,585,092	3,151,523
	U.S TREASURIES AND GOVERNMENT BONDS	MET GOVT NASHVILLE & DAV 4.053%07/07/26	275,000	273,383
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY BOND 1.875% 11/15/2051	532,192	352,986
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY BOND 3.375% 08/15/2042	361,473	330,180
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY BONDS 2.5% 05/15/2046	105,176	68,094
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY BONDS 3.00% 08/15/2052	33,433	28,699
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTE 1.625% 05/15/2031	135,749	109,673
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTE 2.75% 08/15/2032	193,052	188,008
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTE 3.75% 08/31/2026	160,525	158,734
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTE 4.25% 05/31/2025	199,813	199,950
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTE 4.375% 05/15/2034	30,432	29,539
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTES 1.875% 02/15/2032	18,986	16,822
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTES 2.875% 08/15/2028	362,116	350,064
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTES 3.875% 08/15/2034	160,608	156,014
	U.S TREASURIES AND GOVERNMENT BONDS	U.S. TREASURY NOTES 4.625%(4.625%)	150,287	150,362
	U.S TREASURIES AND GOVERNMENT BONDS	U.S.TREASURY BOND 4.00% 11/15/2042(4.00% 11/15/2042)	104,609	89,978
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY BOND 3.625% 05/15/2053(3.625% 05/15/2053)	48,068	40,645
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY BOND 4.25% 08/15/2054(4.25% 08/15/2054)	30,814	27,396
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY BOND 4.625% 05/15/2054(4.625% 05/15/2054)	25,497	24,290
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 10/31/2030(10/31/2030)	303,293	306,621
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 3.625% 09/30/2031(3.625% 09/30/2031)	83,210	80,772

Trucking Employees of North New Jersey Welfare Fund
 EIN 22-1461069 Plan 501
 Schedule H, line 4i
 Schedule of Assets (held at End of Year)

(A)	(B)	(C)	(D)	(E)
*	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.125% 03/31/2029(4.125% 03/31/2029)	173,257	173,280
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.125% 10/31/2031(4.125% 10/31/2031)	49,283	48,941
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.25% 11/15/2034(4.25% 11/15/2034)	100,289	97,394
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.5% 04/15/2027(4.5% 04/15/2027)	198,672	201,004
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.875% 10/31/2028(4.875% 10/31/2028)	75,548	76,349
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTES 4.125% 07/31/2028(4.125% 07/31/2028)	374,678	372,413
	U.S TREASURIES AND GOVERNMENT BONDS	US TREASURY NOTE 4.00% 07/31/2029(4.00% 07/31/2029)	454,816	442,868
TOTAL FOR U.S TREASURY NOTES			4,740,878	4,394,456
	Registered Investment Companies	DREYFUS TREASURY & AGENCY CASH MGMT	135,818	135,818
	Registered Investment Companies	DREYFUS GOVERNMENT CASH MANAGEMENT	97,002	97,002
	Registered Investment Companies	INVESCO S&P 500 EQUAL WEIGHT	4,402,665	5,699,881
	Registered Investment Companies	DREYFUS GOVERNMENT CASH MANAGEMENT	20,154	20,154
	Registered Investment Companies	ISHARES RUSSELL 1000 GROWTH	2,994,444	4,493,680
	Registered Investment Companies	DREYFUS GOVERNMENT CASH MANAGEMENT	34,756	34,756
TOTAL REGISTERED INVESTMENT COMPANIES			7,684,839	10,481,291
	PARTNERSHIP	BOYD WATTERSON GSA FD LP	3,786,058	3,224,506
TOTAL PARTNERSHIP			3,786,058	3,224,506
TOTAL MARKET VALUE				25,393,510

Trucking Employees of North New Jersey Welfare Fund
EIN 22-1461069 Plan 501
Schedule H, line 4j
Schedule of Reportable Transactions
December 31, 2024

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(J)
<u>Identity of party involved</u>	<u>Description of asset (include interest rate and maturity in case of a loan)</u>	<u>Purchase price</u>	<u>Selling price</u>	<u>Lease rental</u>	<u>Expense incurred with transaction</u>	<u>Cost of asset</u>	<u>Current value of asset on transaction date</u>	<u>Net gain or (loss)</u>
Dreyfus Treasury and Agency Cash Mgt Fund	Mutual Fund-money market	1,824,932	-	-	-	1,824,932	1,824,932	-
Dreyfus Treasury and Agency Cash Mgt Fund	Mutual Fund-money market	-	1,902,745	-	-	1,902,745	1,902,745	-

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning _____ and ending _____

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan a DFE (specify) _____
- B** This return/report is: the first return/report the final return/report
- an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</p>	<p>1b Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND</p> <p>303 MOLNAR DRIVE</p> <p>ELMWOOD PARK NJ 07407</p>	<p>1c Effective date of plan 12/01/1948</p> <p>2b Employer Identification Number (EIN) 22-1461069</p> <p>2c Plan Sponsor's telephone number 201-867-3553</p> <p>2d Business code (see instructions) 525100</p>	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		10/15/2025	ROBERT BLUMENFELD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2025	JOSEPH DIPALMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1218
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 556
a(2) Total number of active participants at the end of the plan year	6a(2) 517
b Retired or separated participants receiving benefits	6b 601
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c .	6d 1118
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e .	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 49

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4A 4B 4D 4E

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) - Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information - Small Plan)
- (3) **A** (Insurance Information) - Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

5550A TRUCKING EMPLOYEES OF NORTH JERSEY

22-1461069

FYE: 12/31/2024

Federal Statements

TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND

Plan: 501

Plan transactions in excess of 5% of plan assets

<u>Name</u>		<u>Purchase Price</u>	<u>Selling Price</u>	<u>Lease Rental</u>	<u>Expenses</u>	<u>Cost of Asset</u>	<u>Current Value</u>	<u>Net Gain or Loss</u>
	<u>Description</u>							
DREYFUS	TREAS & AGENCY CASH REGISTERED INVESTMENT CO	\$ 1824932	\$	\$	\$	\$ 1824932	\$ 1824932	\$
DREYFUS	TREAS & AGENCY CASH REGISTERED INVESTMENT CO		1902745			1902745	1902745	

5550A TRUCKING EMPLOYEES OF NORTH JERSEY

22-1461069

Federal StatementsFYE: 12/31/2022 **TRUCKING EMPLOYEES OF NORTH JERSEY WELFARE FUND****Plan: 501****Assets Held for Investment**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	COLLATERALIZED MORT	AMER AIRLINE 3.2% 12	\$ 251,800	\$ 237,798
	COLLATERALIZED MORT	FRESB MULTIFAMILY MT	232,671	221,712
	COLLATERALIZED MORT	RELIANCE INDUSTRIES	36,750	36,213
	CORPORATE ABS	CARVANA AUTO RECEB T	14,316	13,922
	CORPORATE BONDS	AMGEN INC SR NT 5.25	49,843	49,631
	CORPORATE BONDS	AON CORP 8.205% 01/0	164,688	131,300
	CORPORATE BONDS	ASCENSION HEALTH 3.1	125,835	90,832
	CORPORATE BONDS	AT&T INC 3.3% 02/01/	93,948	82,990
	CORPORATE BONDS	BANK OF AMERICA CORP	133,619	114,524
	CORPORATE BONDS	BANK OF NY MELLON CO	199,290	195,636
	CORPORATE BONDS	BANKER HEALTH 3.181%	103,037	66,995
	CORPORATE BONDS	COMCAST CORP 3.4 % 0	64,432	45,642
	CORPORATE BONDS	DUKE ENERGY CORP NEW	82,484	82,020
	CORPORATE BONDS	ELI LILLY & CO SR NT	72,488	73,508
	CORPORATE BONDS	GILEAD SCIENCE INC 5	94,846	95,347
	CORPORATE BONDS	GOLDMAN SACHS GRUP I	92,207	89,477
	CORPORATE BONDS	KIMBERLY-CLARK CORP	154,423	152,013
	CORPORATE BONDS	MOTOROLA SOLUTIONS I	80,342	80,033
	CORPORATE BONDS	MPLX LP 4.8% 02/15/2	237,112	198,252
	CORPORATE BONDS	NORTHROP GRUMMAN COR	78,866	78,021
	CORPORATE BONDS	NORTHWESTERN MEM 2.6	70,000	42,878
	CORPORATE BONDS	OMNICOM GROUP INC 3.	189,823	187,344
	CORPORATE BONDS	PEPSICO INC 3.45% 10	214,242	158,535
	CORPORATE BONDS	PUBLIC SERVICE COLOR	197,920	141,058
	CORPORATE BONDS	SABINE PASS LIQUEFAC	18,696	16,006
	CORPORATE BONDS	T-MOBILE USA INC 4.7	150,024	149,064
	CORPORATE BONDS	WALMART INC SR NT 4.	189,474	182,964
	FED HOME LOAN MORTGA	FHLMC GLD PL #C91810	269,021	246,259
	FED HOME LOAN MORTGA	FHLMC GLD PL #G08788	145,644	129,621
	FED HOME LOAN MORTGA	FHLMC GLD PL #Q37992	247,035	210,494
	FED HOME LOAN MORTGA	FHLMC GLD PL #G30606	64,357	59,708
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	FED HOME LOAN MORTGA	FHLMC POOL # QC-1946	117,729	93,699
	FED HOME LOAN MORTGA	FHLMC POOL # SB-0366	144,438	128,170
	FED HOME LOAN MORTGA	FHLMC POOL # QC-8887	94,603	77,146
	FED HOME LOAN MORTGA	FHLMC POOL # QC-8888	91,983	75,131
	FED HOME LOAN MORTGA	FHLMC POOL # QE-4038	42,347	37,982
	FEDL NATIONAL MORTGA	FNMA REMIC 2011-11 M	63,894	55,458
	FEDL NATIONAL MORTGA	FNMA PL #AC1600 4.5%	51,155	47,768
	FEDL NATIONAL MORTGA	FNMA PL #AJ9329 4.00	97,190	87,388
	FEDL NATIONAL MORTGA	FNMA PL #BQ0538 2.5%	144,100	111,985
	FEDL NATIONAL MORTGA	FNMA POOL # FM6042 2	215,818	170,771
	FEDL NATIONAL MORTGA	FNMA POOL # FM6101 2	134,123	106,020
	FEDL NATIONAL MORTGA	FNMA POOL #FM4317 3.	129,443	106,413
	FEDL NATIONAL MORTGA	FNMA POOL #MA4653 3.	171,359	153,645
	FLOATING RATE CORPOR	CITIGROUP INC FLTG 0	196,194	153,787
	FLOATING RATE CORPOR	GOLDMAN SACHS GROUP	81,389	80,620
	FLOATING RATE CORPOR	JP MORGAN CHASE & CO	157,780	127,838
	FLOATING RATE CORPOR	JPMORGAN CHASE & CO	97,901	85,474
	FLOATING RATE CORPOR	WELLS FARGO & CO VAR	194,190	199,734
	GOVERNMENT AGENCIES	FNMA 0.875% 08/05/30	268,560	222,942
	GOVERNMENT AGENCIES	TENNESSEE VALLEY AUT	100,982	82,620

Federal Statements**Assets Held for Investment (continued)**

<u>Party in Interest</u>	<u>Identity</u>	<u>Description</u>	<u>Cost</u>	<u>Current Value</u>
	MUNICIPAL BONDS	MET GOVT NASHVILLE &	\$ 275,000	\$ 273,383
	SHORT TERM INVESTMEN	DREYFUS TREASURY & A	135,818	135,818
	U.S TREASURY NOTES	U.S. TREASURY BOND 1	532,192	352,986
	U.S TREASURY NOTES	U.S. TREASURY BOND 3	361,473	330,180
	U.S TREASURY NOTES	U.S. TREASURY BONDS	105,176	68,094
	U.S TREASURY NOTES	U.S. TREASURY BONDS	33,433	28,699
	U.S TREASURY NOTES	U.S. TREASURY NOTE 1	135,749	109,673
	U.S TREASURY NOTES	U.S. TREASURY NOTE 2	193,052	188,008
	U.S TREASURY NOTES	U.S. TREASURY NOTE 3	160,525	158,734
	U.S TREASURY NOTES	U.S. TREASURY NOTE 4	199,813	199,950
	U.S TREASURY NOTES	U.S. TREASURY NOTE 4	30,432	29,539
	U.S TREASURY NOTES	U.S. TREASURY NOTES	18,986	16,822
	U.S TREASURY NOTES	U.S. TREASURY NOTES	362,116	350,064
	U.S TREASURY NOTES	U.S. TREASURY NOTES	160,608	156,014
	U.S TREASURY NOTES	U.S. TREASURY NOTES	150,287	150,362
	U.S TREASURY NOTES	U.S.TREASURY BOND 4.	104,609	89,978
	U.S TREASURY NOTES	US TREASURY BOND 3.6	48,068	40,645
	U.S TREASURY NOTES	US TREASURY BOND 4.2	30,814	27,396
	U.S TREASURY NOTES	US TREASURY BOND 4.6	25,497	24,290
	U.S TREASURY NOTES	US TREASURY NOTE 10/	303,293	306,621
	U.S TREASURY NOTES	US TREASURY NOTE 3.6	83,210	80,772
	U.S TREASURY NOTES	US TREASURY NOTE 4.1	173,257	173,280
	U.S TREASURY NOTES	US TREASURY NOTE 4.1	49,283	48,941
	U.S TREASURY NOTES	US TREASURY NOTE 4.2	100,289	97,394
	U.S TREASURY NOTES	US TREASURY NOTE 4.5	198,672	201,004
	U.S TREASURY NOTES	US TREASURY NOTE 4.8	75,548	76,349
	U.S TREASURY NOTES	US TREASURY NOTES 4.	374,678	372,413
	U.S TREASURY NOTES	US TRESURY NOTE 4.00	454,816	442,868
	UMBS SECURITIES	FHLMC UMBS POOL #QG-	334,340	326,019
	UMBS SECURITIES	FHLMC UMBS POOL#QH-1	274,029	283,087
	UMBS SECURITIES	FNMA UMBS POOL #BV09	404,835	384,261
	UMBS SECURITIES	FNMA UMBS POOL #BW13	323,350	310,983
	SHORT TERM INVESTMEN	DREYFUS GOVERNMENT C	97,002	97,002
	LIMITED LIABILITY PA	BOYD WATTERSON GSA F	3,786,058	3,224,506
	COMMON STOCK	INVESCO S&P 500 EQUA	4,402,665	5,699,881
	SHORT TERM INVESTMEN	DREYFUS GOVERNMENT C	20,154	20,154
	COMMON STOCK	ISHARES RUSSELL 1000	2,994,444	4,493,680
	SHORT TERM INVESTMEN	DREYFUS GOVERNMENT C	34,756	34,756